UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		
Caption in Compliance with D.N.J. LBR 9004-1(b)		
LAW OFFICES OF DARIN D. PINTO, P.C. 376 South Avenue East Westfield, New Jersey 07090 (908) 317-9405		
Attorneys for Debtors		
Michael M. Tallarida and Nicole J. Tallarida		
In Re:	Case No.:	19-10082
MICHAEL M. TALLARIDA and NICOLE J.	Chantar	13
TALLARIDA,	Chapter:	13
•	Judge:	SLM
Debtors.		

CERTIFICATION OF DEBTOR'S COUNSEL SUPPORTING SUPPLEMENTAL CHAPTER 13 FEE

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1. I represent the debtor in connection with the following proceeding(s) in debtor's chapter 13 case:

STANDARD FEES

X	Prosecution of motion on behalf	of debtor.	\$500.00
	Nature of motion:	Motion to Approve	
		Loan Modification	
	Hearing date(s):	N/A	
	Defense of motion on behalf of	debtor (Including filing	\$400.00
	Detense of motion on benan of	deotor (merading ming	φ+00.00
	Objection to Creditor's	or Trustee's Certification of Default).	
	Nature of motion:		
	Hearing date(s):		
	Additional court appearance(s).	(Not to exceed three).	\$100.00
	Purpose:		
	Hearing date(s):		
	2 ()		
\boxtimes	Filing and appearance on a mod	ified Chapter 13 Plan.	\$300.00
	Preparation of Wage Order		\$100.00
	Preparation and filing of Amendor List of Creditors	lments to Schedules D, E, F, G, H	\$100.00
×	Preparation and filing of other a	mended schedules	\$100.00
	Preparation and filing of Applic	ation for Retention of Professional	\$200.00
	Preparation and filing of Notice	of Sale or Settlement of Controversy	\$100.00

NON-STANDARD FEES

Do not combine standard and non-standard fees for the same motion or service. If you believe the standard fee is inappropriate for services in a particular instance, you must request only non-standard fees for that particular service.

			and attach a time detail (including app	plicable hourly rates) as		
Desc	ribe non-standard expens	es in detail:				
2.	To date, in this case:					
	I have applied for fees	I have applied for fees (including original retainer) in the amount of: \$4750.00				
	To date, I have receive	ed:		\$4750.00		
3. I	seek compensation for ser	vices rende	ered in the amount of \$ 900.0	payable:		
	★ through the chapter ★ throug	r 13 plan as	s an administrative priority.			
	\Box outside the plan.					
4.	☑ This allowance will not impact on plan payments.					
	☐ This allowance wi	ll impact or	n plan payments.			
	Present plan:	\$	per month for	months.		
	Proposed Plan:	\$	per month for	months.		

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5.	I have not filed a supplemental fee application w	rithin the preceding 120 days.
I certify	v under penalty of perjury that the above is true.	
Date: <u>F</u>	Sebruary 20, 2020	/s/ Darin D. Pinto Signature

rev. 8/1/18